

#### 510(K) SUMMARY OF SAFETY AND EFFECTIVENESS

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7.7		

#### 1.0 Date Prepared

October 14, 1999

#### 2.0 Submitter (Contact)

Roy Berens Xomed Surgical Products Jacksonville, FL Telephone: 904-296-645

#### 3.0 Device Name

Proprietary Name: Laser-Shield® II

Common Name(s): Tracheal Tube, Endotracheal Tube

Classification Name: Tracheal Tube

#### 4.0 Device Classification

Tracheal Tube Product Code 73BTR Class II 21 CFR 868.5730 Tier II

#### 5.0 Device Description

Xomed Laser-Shield II is an endotracheal tube provided sterile with laser resistant overwraps of aluminum and fluoroplastic covering the silicone elastomer shaft. The tube is fitted with an inflatable cuff designed to provide tracheal seal. The inflation assembly/balloon contains dry methylene blue that mixes with a liquid inflation media (sterile normal saline) to provide visible detection of inadvertent cuff rupture by the laser. Sterile cottonoid patties are also provided for wetting and placement around the positioned and inflated cuff for additional heat sink.

#### 6.0 Intended Use

Xomed Laser-Shield II is intended for endotracheal intubation. It is indicated for use for all types of surgical procedures involving carbon dioxide (10.60 microns) or KTP (532 nm) laser use (normal pulsed or continuous beam delivery in the non-contact mode), when endotracheal intubation is required to administer anesthesia gases or to overcome emergency obstruction of an airway.

#### 7.0 Substantial Equivalence

The modified Xomed Laser-Shield II is identical to the current device with the exception of the extension of the aluminum wrap under a portion of the cuff and covering of this extension with a flexible silicone sleeve. The intended use and claims for the modified device remains unchanged and no new materials are being used.



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

### JAN 2 0 2000

Mr. Roy Berens Xomed, Inc. 6743 Southpoint Drive North Jacksonville, FL 32216-0980

Re: K993582

Modification to Laser-Shield® II Endotracheal Tube

Regulatory Class: II (two)

Product Code: 73 BTR
Dated: October 20, 1999
Received: October 22, 1999

Dear Mr. Berens:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic QS inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

#### Page 2 - Mr. Roy Berens

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4648. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597, or at its internet address "http://www.fda.gov/cdrh/dsma/dsmamain.html".

Sincerely yours,

Joanna M Wentershauer for,

Celia M. Witten, Ph.D., M.D.

Acting Director

Division of Cardiovascular,

Respiratory, and Neurological Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

# Premarket Notification [510(k)] for Modification to Laser-Shield® II

## **Intended Use Statement**

<b>510(k) Number</b> (if kr	10wn): <u>K</u> 99	3582	
Device Name: <u>Modif</u>	ication to Laser-	-Shield II	
Indications for Use:	use for all typ microns) or K delivery in the	oes of surgical p TP (532 nm) las non-contact mod	endotracheal intubation. It is indicated for rocedures involving carbon dioxide (10.60 per use (normal pulsed or continuous beam e), when endotracheal intubation is required or to overcome emergency obstruction of an
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Со	ncurrence of CI	DRH, Office of D	Device Evaluation (ODE)
Prescription U	se <u>/</u>	Or	Over-the-Counter Use
(Per 21 CFR 8	301.109)		(Optional Format 1-2-96)
		<u> </u>	Alledorhen
		<b>Division</b> and Ne	n Sign-Off) n of Cardiovascular, Respiratory, surological Devices Number